

**ATTACHMENT**  
**D**  
**PART 5**

KELLY, Leslie  
Reg. No.: 26864-039  
MCK 327552-F2

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**PART B-RESPONSE**

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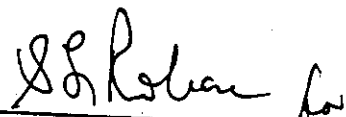
This is in response to your Request for Administrative Remedy receipted in my office on March 3, 2004, in which you claim you are not receiving appropriate medical care and deliberate indifference. Specifically, you request to see a medical doctor and a CT scan for chronic headaches.

An investigation of your complaint reveals you arrived at FCI McKean on July 19, 2002. Your first complaint of headache was at sick call on June 2, 2003. You were treated with ibuprofen (Motrin). The next complaint of headache was August 28, 2003, and Motrin was again prescribed. You have been evaluated for headaches 11 times since the August 28, 2003, visit, including examinations by the clinical director and medical officer. You are currently on medication for your headaches. A CT scan is not clinically indicated at this time. There is no evidence of deliberate indifference or improper conduct by medical staff.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

3/23/04  
Date

  
James F. Sherman, Warden

LOW SENSITIVE

34 MAR -3 PM 2:01

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Kelly Leslie R #26864-039 BB FCI McKean  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

The Petitioner filed an informal resolution on or about February 16, 2004 complaining about the "deliberate indifference" experiencing with the institutional staff as well as the medical department. Due to the fact that The Petitioner is dissatisfied with the response to his BP-8, and nothing has changed in regards to his original complaint, he is appealing the decision.

(see relief requested explained on the attached sheet).

3-2-04

DATE

*Leslie Kelly*

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 327552

Part C- RECEIPT

CASE NUMBER:

Return to: LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

**Relief Requested:**

The Petitioner has requested nothing that is not required; however, no one seems to take his request seriously. He is now making them once again.

- 1.) The Petitioner is requesting to see a "Medical Doctor" due to the fact the frequency in which he has these headaches is not normal.
- 2.) The Petitioner is requesting that until he does see a Medical Doctor that the medical department supply him with the necessary amount of pain medication.
- 3.) The Petitioner is requesting that the serverity of his headaches be considered an "emergency", and that he be allowed to come down to the hospital whenever necessary.
- 4.) The Petitioner is requesting a "cat scan" performed by a real M.D.
- 5.) The Petitioner is requesting that the head doctor Mr. Smith be reprimanded, and that he be issued a sanction in the amount of two (2) weeks suspension with the loss of pay. He is not taking my medical problem seriously. Someone in his position should not be showing an inmate deliberate indifference in regards to their medical needs when his job is so necessary to overseeing that an inmate not suffer any unnecessary pain.

Respectfully Submitted,

  
Leslie R. Kelly In Pro-se.

Dated: March 2, 2004

**PART 1 NOTICE TO INMATE.**

Before filing a Request for Administrative Remedy Form BP-229, you MUST attempt to informally resolve your complaint through your Correctional Counselor. Briefly state your complaint and in list what effort you have made to resolve your complaint informally, stating the names of staff contacted.

This Informal Resolution Form was issued by [redacted] Correctional Counselor, on \_\_\_\_\_ date \_\_\_\_\_ and returned to the Counselor on 2/16/04 date [signature]

INMATE: Leslie R. Kelly

REG. NO. #26864-039

QUARTERS: \_\_\_\_\_

1. COMPLAINT: On February 7, 2004, I filed a BP-8 with the case manager Mr. Kenavator complaining about the severe headaches I've been having, and the "deliberate indifference" I've experienced with staff and medical department. I have not received a response yet of this date. I've been to the Warden a number of times complaining about the situation, and he has referred me each time to another individual. This complaint is in regards to February 13, 2004,

2. EFFORTS MADE TO INFORMALLY RESOLVE & STAFF CONTACTED: \_\_\_\_\_

I talked to the Warden, the A.W., and Mr. Smith From Medical.

As of today I have not received any of the things that I have request, nor have I received any refills of medicine although my headaches continue.

Leslie Kelly  
INMATE'S SIGNATURE

26864-039  
REG. NO.

2-14-04  
DATE

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

**PART 2 CORRECTIONAL COUNSELOR'S COMMENTS:**

EFFORTS MADE TO INFORMALLY RESOLVE & NAMES OF STAFF CONTACTED: See attached

DATE INFORMALLY RESOLVED or BP-229 ISSUED (circle one): 2/18/04

[signature]  
COUNSELOR'S SIGNATURE

DISTRIBUTION: If complaint is NOT informally resolved, forward original attached to BP-229 form to Warden (Attn: Warden's Secretary).

(Attachment).

I went to the Warden in the dining hall and again complained that I was not being treated competently for my severe headaches, and that the people he had referred me to had failed to adequately deal with my problem. He referred me to the A.W., whom referred me again back to the P.A. Mr. Smith. He called and made an arrangement for me to see the doctor on the following Friday. I tried to explain to him that I was in pain right now, and that I had ran out of medication, he in turn showed "deliberate indifference" and said that it wasn't anything that he could do for me, that I had to wait until next Friday when I had an appointment. My head hurts every single day, I told him that, as well as I was going over there when my head starts hurting whether I have an appointment or not. He obtained an attitude. The treatment that I'm am receiving is unsatisfactory, and unacceptable.

**Relief Requested:**

I am again requesting to see a "real" Medical Doctor", these headache are not normal.

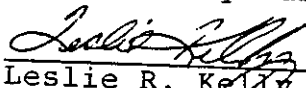
I am requesting that until I am seen by a doctor that the medical department provide me with an adequate amount of pain medicine.

I am requesting that my headaches be considered an emergency, and that I be allowed to come to the medical whenever they occurred.

I am requesting a "catscan" by a real M.D.

I am requesting that P.A. Smith be reprimanded, and that he be sanctioned to two (2) weeks suspension with loss of pay. He told me he could do nothing for me until next Friday like I am playing. I have been coming to the doctor for over a year now and it is well documented, it I was playing it would be over by now. My headaches are severe, and they occur everyday.

Respectfully Submitted,

  
Leslie R. Kelly In Pro-se.

## Informal Resolution Response

NAME: Kelly, Leslie  
REG NO. 26864-039

In your request for "Informal Resolution", you stated you are not getting the proper medical attention you feel you deserve in regards the headaches you have been getting.

After investigating your complaint the following information was obtained. You were showing up during the Urgent Sick Call for your headaches and staff instructed you that headaches were not considered emergencies, and you needed to sign up for sick call. Which you failed to do. You have also been scheduled for an appointment on February 20, 2004, at 12:30 PM.



G. Buck, Correctional Counselor

February 18, 2004  
Date



**FEDERAL BUREAU OF PRISONS**  
**m e m o r a n d u m**

FCI McKean, Pennsylvania

DATE:

March 15, 2004

REPLY TO

ATTN. OF:

*Rose*  
Rosemary Dean, Warden's Secretary

SUBJECT:

Administrative Remedy (BP-9)  
MCK 327552-F2

TO:

Rodney Smith, HSA

Please investigate the attached Request for Administrative Remedy (BP-9) filed by inmate **KELLY, Leslie, Reg. No. 26864-039**. Route your response through your associate warden and the camp administrator/legal liaison. Your response is due in the warden's office no later than **March 22, 2004**.

**LOU SENSITIVE**



BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>MEDICAL</i>	DATE: <i>3-22-04</i>
FROM: <i>LESLIE KELLY</i>	REGISTER NO.: <i>26864-039</i>
WORK ASSIGNMENT: <i>REC</i>	UNIT: <i>BB 223</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Need A Copy OF MY MEDICAL RECORD  
DATE BACK FROM ~~8-2003~~ 8-2003 AND I WOULD LIKE TO HAVE  
AND KNOW THE ACTUAL FACT OF THE PRESCRIBED  
MEDICINE I'M ON AT THE TIME THANK YOU VERY MUCH  
FROM 8-03 to Now*

(Do not write below this line)

DISPOSITION:

See attached  
pages (8)

FCI McKean

Signature Staff Member

Date

*3/24/04*Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

FCL McKean

## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

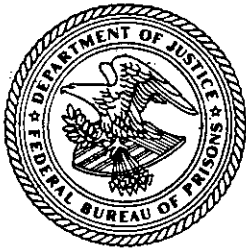
1. Name: Leslie Kelly  
(Nombre)
2. Reg. Number: 26844-039  
(Numero de Registro)
3. Date: 2-8-04  
(Fecha)
4. Housing unit and Unit Team: B.B 223 TEAM: A ☒ B C D  
(unidad y equipo de la unidad)
5. Complaint, What is your problem?  
(Queja). (Cual es su problema?)  
The pain won't go away  
it last for three hours everyday I need to see a Real Doc, No  
No P.A SOMETHING is not right with me I need a XRAY or something soon
6. How long have you had this problem?  
(Durante cuanto tiempo ha tenido este problema?)  
Days \_\_\_\_\_ Months ☒ Years ☒  
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes ☒ No \_\_\_\_\_  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No ☒

9. Signature \_\_\_\_\_  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date seen: \_\_\_\_\_
11. Time seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_
13. Objective: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ B/P: \_\_\_\_\_
14. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_
15. Triage Personnel's Signature: \_\_\_\_\_

Seen  
2/22/04  
10



*RTC*  
*2/20/04*  
*C Bol*

HEALTH SERVICE DEPARTMENT  
FCI McKEAN  
MEDICAL REQUEST SLIP

- ☐ X RAY  
☐ LABORATORY  
☐ EKG  
☐ PHYSICAL EXAM.

- ☐ OPTOMETRIST  
☐ ORTHOPEDIC  
☐ UROLOGIST  
☐ CHRONIC MED. CLINIC

NAME *Kelly* NUMBER *26864-039* DATE *1-23-04*

REQUESTED PROCEDURE: *Re-Eval. Effecting Migraine Prophylaxis* ROUTINE ☒ STAT. ☐

REASON FOR PROCEDURE: *Migraines*

MD/PA SIGNATURE: *[Signature]*

DATE TO BE DRAWN: *1*

MED. RECORD DONE ☐

BP-S148.055 INMATE REQUEST TO STAFF CDPRM  
SEP 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dentist</i>	DATE: <i>11-10-03</i>
FROM: <i>Leslie Kelly</i>	REGISTER NO.: <i>2624-039</i>
WORK ASSIGNMENT: <i>Rec</i>	UNIT: <i>BB 223</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I would like to be put on the list to have my teeth clean. Thank you very much. Leslie Kelly*

(Do not write below this line)

DISPOSITION:

*Your name will be added to the dental waiting list.*

FCI McKean

Signature Staff Member <i>J. Coburn DA</i>	Date <i>11-10-03</i>
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical</i>	DATE: <i>9-25-03</i>
FROM: <i>Leslie Kelly</i>	REGISTER NO.: <i>26864-039</i>
WORK ASSIGNMENT: <i>Rec</i>	UNIT: <i>BB 223</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I would like to have a copy of my Medical  
Records form from November up to today  
Thank you very much*

*Leslie Kelly*

(Do not write below this line)

DISPOSITION:

See attached  
9 pages

*FCI McKean*

Signature Staff Member

*[Signature]*

Date

*9/26/03*

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: Doctor BEAM DATE 12-26-02  
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I have put in a copout and have been call  
over to time but never was seen you say  
you are going to put me back on the 1st  
to time and I'm not on there can you please  
put my name back on the callout 1st  
Thank you

(Use other side of page if more space is needed)

NAME: Leslie Kelly NO: 96864039  
WORK ASSIGNMENT: UNCOR UNIT: B.B223

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

The chart shows an appt DATE \_\_\_\_\_  
having been made for 12/11/02 @ 2:00pm  
The quickest way to get this taken care  
of is to put a sick call slip in the mail

**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS**

You must fill out this form completely, numbers 1-9:

(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: LESLIE KELLY  
(Nombre)
2. Reg. Number: 26864039  
(Numero de Registro)
3. Date: 1-6-03  
(Fecha)
4. Housing unit and Unit Team: B B 223 TEAM: A B C D  
(unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
I have a SKIN PROBLEM  
ON MY FEET AND I HAVEN HAD A GOOD MOVEMENT  
IN THERE DAYS
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days ✓ Months \_\_\_\_\_ Years \_\_\_\_\_  
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes ✓ No \_\_\_\_\_
9. Signature Leslie Kelly  
(Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date seen: \_\_\_\_\_
11. Time seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ B/P: \_\_\_\_\_
14. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_
15. Triage Personnel's Signature: \_\_\_\_\_



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>D. Caldwell, HSPA</i>	DATE: <i>1-2-03</i>
FROM: <i>Kelly Leslie</i>	REGISTER NO.: <i>26864039</i>
WORK ASSIGNMENT: <i>UNICOR</i>	UNIT: <i>B.B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I HAVE SEND MY PRESCRIPTION OUT  
AND THE EYEGLASSES IS COMING FROM  
SHERITA KELLY. 16679 CRUSE Det Mich 48235*

(Do not write below this line)

DISPOSITION:

A package authorization has been prepared and sent to the mail room. Tinted glasses and hard cases will be rejected.

Signature Staff Member <i>D. Caldwell, HSPA</i>	Date <i>1-3-03</i>
--	-----------------------

Record Copy - File; Copy - Inmate

(This form may be replicated via FAX)

FCI McKean  
P.O. Box 5000  
Bradford, PA 16701

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

Diane Caldwell  
Health Services Program Assistant



Printed on Recycled Paper



**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS**

You must fill out this form completely, numbers 1-9:  
 (Debe de llenar este formulario completamente, numeros 1-9.)

02-11-02 AM 0:50

1. Name: Leslie Kelly  
 (Nombre)
2. Reg. Number: 26864039  
 (Numero de Registro)
3. Date: 12-4-02  
 (Fecha)
4. Housing unit and Unit Team: B.B TEAM: A B C D  
 (unidad y equipo de la unidad)
5. Complaint, What is your problem?  
 (Queja). (Cual es su problema?)  
MY FEET From the Shower  
AND MY HAND IS LOCKED VERY BAD
6. How long have you had this problem?  
 (Durante cuante tiempo ha tenido este problema?)  
 Days \_\_\_\_\_ Months 2 Years \_\_\_\_\_  
 (Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
 (Ha comprado medicinas non-prescripcion en la Comisaria?)  
 Yes \_\_\_\_\_ No ✓
9. Signature: Leslie Kelly  
 (Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date seen: \_\_\_\_\_
11. Time seen: \_\_\_\_\_
12. Subjective: 12/11/02 @ 1430
13. Objective: Temp: \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
14. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
15. Triage Personnel's Signature: \_\_\_\_\_

12/11/02  
 H. BEAM, MD  
 FCI MCKEAN

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>D. Caldwell, HSPA</i>	DATE: <i>12/4/02</i>
FROM: <i>Kelly, Leslie</i>	REGISTER NO.: <i>26864-039</i>
WORK ASSIGNMENT: <i>unicon</i>	UNIT: <i>B/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I am requesting a copy of my current prescription for eye glasses.

(Do not write below this line)

DISPOSITION:

Attached, is a copy of your current prescription for eye glasses.

If you want glasses from the outside, send me a cop out with the name and address of the person who will be sending the glasses to you. I will prepare a package authorization and have it approved. Let me know you already have the prescription and do not require a copy.

Signature Staff Member <i>D. Caldwell, HSPA</i>	Date <i>12-5-02</i>
--	------------------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

Diane Caldwell  
Health Services Program Assistant

FCI McKean  
P.O. Box 5000  
Bradford, PA 16701

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

## FCI McKean

## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS:**

You must fill out this form completely, numbers 1-9:  
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Leslie Kelly  
(Nombre)
2. Reg. Number: 265-1-57  
(Numero de Registro)
3. Date: \_\_\_\_\_  
(Fecha)
4. Housing unit and Unit Team: B-6 TEAM: A B C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
I have a sore throat and it hurts to swallow.
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days 2 Months \_\_\_\_\_ Years \_\_\_\_\_  
Dias (Meses) (Años)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescripcion en la Comisaria?)  
Yes \_\_\_\_\_ No ✓
9. Signature Leslie Kelly  
(Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date Seen: 10/18/02
11. Time Seen: 0930 hrs
12. Subjective: #18, Devious lesion at point of contact E #1-7.  
struck today.
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
14. Triage Personnel's Signature: W. Collins

BP-S148.055 INMATE REQUEST TO STAFF CDERM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 9-26-02
FROM: LESLIE KELLY	REGISTER NO.: 26864039
WORK ASSIGNMENT: LAY UP	UNIT: B.B 218

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to have my teeth checked up  
all of them

(Do not write below this line)

DISPOSITION:

Your name has been added to the  
list. Please watch the call outs.

Signature Staff Member

J. Batista

Date

10-02-02

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

## FCI McKean

## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:  
(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: LESLIE KELLY  
(Nombre)
2. Reg. Number: 24264039  
(Numero de Registro)
3. Date: 9-18-02  
(Fecha)
4. Housing unit and Unit Team: BB218 TEAM: A (B) C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
I would like to have my teeth checked up all of them
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_  
Dias \_\_\_\_\_ (Meses) \_\_\_\_\_ (Años)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No ✓
9. Signature: Leslie Kelly  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: \_\_\_\_\_
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
14. Triage Personnel's Signature: \_\_\_\_\_

Please submit the enclosed copy-out form. This sheet is for sick call only.  
J. Batista 9-25-02

## FCI McKean

## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:  
(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: LESLIE KELLY  
(Nombre)
2. Reg. Number: 26864139  
(Numero de Registro)
3. Date: 9-4-02  
(Fecha)
4. Housing unit and Unit Team: BB245 TEAM: A B C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
I need  
I have a tooth ache
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days 2 Months \_\_\_\_\_ Years \_\_\_\_\_  
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescripcion en la Comisaria?)  
Yes \_\_\_\_\_ No ✓
9. Signature: Leslie Kelly  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 09/16/02
11. Time Seen: 1300 hrs
12. Subjective: My tooth hurt last week and had  
something black on it.
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_
14. Triage Personnel's Signature: W. C. [Signature]

**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS:**

You must fill out this form completely, numbers 1-9:  
 (Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: LESLIE KELLY  
 (Nombre)
2. Reg. Number: 26864039  
 (Numero de Registro)
3. Date: 9-4-02  
 (Fecha)
4. Housing unit and Unit Team: BB245 TEAM: A B C D  
 (Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
 (Queja). (Cual es su problema?)  
I have a Blister on my toe from the shoes I had it for 10 weeks
6. How long have you had this problem?  
 (Durante cuante tiempo ha tenido este problema?)  
 Days 8 Months \_\_\_\_\_ Years \_\_\_\_\_  
 Dias (Meses) (Años)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ☒  
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
 (Ha comprado medicinas non-prescripcion en la Comisaria?)  
 Yes \_\_\_\_\_ No ☒
9. Signature: Leslie Kelly  
 (Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date Seen: \_\_\_\_\_
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: 9/16/02 Appointment Time 8:30
14. Triage Personnel's Signature: [Signature]

BP-S148.055 INMATE REQU. 1 TO STAFF CDFRM  
SEP 92

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 7-28-02
FROM: <i>Leslie Kelly</i>	REGISTER NO.: 26864039
WORK ASSIGNMENT: <i>NONE</i>	UNIT: BB 245

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I would like to have my teeth cleaned  
so can you put me on the list asp  
Thank you very much*

*I WAS ON the CALLOUT to get my teeth  
clean at LEWISBROS BUT I had to go on a  
Rit And when I got Back they sent me  
home I DONE waiting A YEAR in a half  
And I need it Bad THANK you very  
much*

(Do not write below this line)

DISPOSITION:

*You have been added  
to our list -*

FCI McKean

Signature Staff Member <i>Johna Schudl-Schudl</i>	Date 8-5-02
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055

SEP 98

**INMATE REQUEST TO STAFF**

CDFRM

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

TO: (Name and title of staff member): <b>Dentist</b>	Date: <b>3-25-02</b>
From: <b>Leslie Kelly</b>	Registration number: <b>26864039</b>
Work assignment: <b>PAINT-2</b>	Unit: <b>F/12</b>

**SUBJECT:** (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

**I would like to know about getting my teeth clean I had one for 3-25-02 but the C.O. didn't give me a pass to come I been waiting over a year now and I need it bad please can you put me back on the list callout soon Thank you**

(Continue on back if necessary)

(Do not write below this line)

rescheduled?

Disposition:

**You're Rescheduled for Monday April 29, 2002 @ 0800**

Signature of staff member: <b>Reginald Ballard, SOC</b>	Date: <b>3/29/02</b>
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94